



TOWN OF ISLIP
OFFICE OF THE TOWN CLERK

REGINA V. DUFFY
TOWN CLERK & REGISTRAR

Parade and Race Application

****MUST BE SUBMITTED 45 DAYS PRIOR TO THE EVENT**

Date of Application: _____ E-mail Address of Organization: _____

Exact Name of Organization: _____

Organization Address: _____

Day and Date of Event: _____ **Beginning & Ending Time:** _____

Name, address and day telephone # of Parade/Race chairman to be in control of the Parade/Race for which the permit is sought:

Name: _____ Telephone Number #: _____

Address: _____
(Street) (Hamlet) (Zip Code)

Name and day telephone # of person for the public to contact to participate in the event:

Name: _____ Telephone Number #: _____

****Cell # of person at the event to contact the day of event:** _____

Specify purpose of Parade/Race for which permit is sought: _____

Number of Bands: _____ Number of Marching Units: _____ Number of Floats: _____

Number of Vehicles: _____ Other: _____ Total number of marchers/runners: _____
(Approximate)

Assembly Location(s) and time(s): _____

Give exact route parade/race will follow starting place to ending, including streets and hamlets (specify north, south, east or west) – ****Attach a map of the Route the parade/race will follow.**

Specify if American Flag will be displayed during the course of the parade: YES NO
Flag should be no less than thirty-six by sixty inches (36" x 60").

Specify if any speeches are to be made during the course of the parade and by whom:

Specify whether any arrangements have been made for private policing:

Specify whether barricades will be needed: YES NO if so how many? _____

I, _____solemnly affirm that all of the above questions are true and correct,
and unconditionally guarantee the quiet, lawful and peaceful conduct of the Parade/Race assembly for which this
permit is sought.

Signature



TOWN OF ISLIP
OFFICE OF EMERGENCY MANAGEMENT

Incident Action Plan

Title of Event: _____ Date of Event: _____

The purpose of this Incident Action Plan (IAP) is to identify and mitigate any potential risks associated with the planning, implementation and successful completion of the above referenced event. The parties that are planning and coordinating this event are committed to ensuring that all participants, sponsors, community members and emergency personnel are able to partake in the event in a safe and organized manner. The procedural information contained herein will be strictly adhered to.

Event Description: _____

Hours of Event: _____

Location: _____

Command Post Location: _____

Incident Commander (on scene person in charge of event): _____

Incident Commander’s Phone Number: _____

Medical Emergencies Procedure

All medical emergencies will be reported to the Command Post by use of _____, or by verbal means. The Incident Commander will call directly to the _____ and report the incident/ problem. The EMT(s) will report to the Command Post, as appropriate, when entering the event and notify the Command Post when leaving the event. Responding emergency units will enter the event from _____ (street). The Incident Commander will make sure an area is open to allow EMS personnel, vehicles and equipment access to the event grounds wherever emergency assistance is needed. The nearest hospital for receiving patients is _____.

Police Emergencies

For all police emergencies, 911 will be called. Police enforcement will be provided by the _____ Precinct.

Lost Child Procedure: Police will be notified.

In the event of a lost child, he/she should be taken to the Command Post. The child, if able, will be asked to provide parent/guardian information. Lost child announcements will be made from _____, informing the crowd of the situation. The child will remain under the supervision of the Command Post who will ensure the child is comfortable and safe until his/her parent/guardian arrives. Police should be present to check identification of adult claiming to be the parent/guardian before release.

Communication Plan (List how Incident Commander & coordinators will communicate): _____

Important Phone Numbers: (**Fill In Name, Providing Agency & Contact Number**)

Incident Commander (On scene): _____

Deputy Commander (On scene): _____

Event Coordinator/Planner: _____

Emergency Medical Services: _____

Chief/contact person: _____

Fire Department: _____

Chief/contact person: _____

Police Precinct or Cope Unit: _____

Precinct Commanding Officer/contact person: _____

Additional Security (if any): _____

FYI Phone Numbers:

Town Emergency Management	224-5730	Town Dept. of Public Works	224-5623
Town Public Safety	224-5306	Town Clerk’s Office	224-5490

Add any other emergency contacts that you deem appropriate: _____
